Counselling Form – HOLISTIC J

Please complete the form below honestly and accurately where possible, as this information will greatly help the counselling process. So you and your counsellor can 1) jointly understand, explore and clarify the true situation and then 2) together discuss and agree on decisions and actions, to offer the best appropriate support and guidance.

Date: _____/_____/_____ **Time:** _________________

Name: _____________________________________ **Preferred Name:** ____________________________________

Address: ____

Best contact phone number: ___________________ **Email address:** _____________________________________

GP/Primary Care Physician: _____________________________ **Tel:** ____________________________________

Parent/Legal Guardian (if under 18): _______________________ **Tel:** ____________________________________

Next of Kin/Emergency contact: __________________________ **Tel:** ____________________________________

Referred by (if any): _____________________________________ **Tel:** ____________________________________

Date of Birth: ______/_______/_______ **Age:** _________

How do you describe your race/ethnicity? __________________________ **What is your gender?** ____________

How do you describe your sexual orientation? ____

How do you describe your religious, faith or spiritual beliefs? ____

Current marital status: ☐ Single, never married ☐ Married, living together ☐ Separated

☐ Cohabiting with partner ☐ Domestic partnership ☐ Married, not living together ☐ Widowed ☐

Divorced & now single ☐ Other (please specify) ____

On a scale from 1-10 how would you rate your current relationship? ____________________________________

Highest Qualification obtained:

☐ O Levels/GCSE ☐ A Levels ☐ BTEC National Diploma ☐ BTEC HNC/HND

☐ NVQ/City & Guilds ☐ Honours Degree ☐ Non Honours Degree ☐ LL.B.

☐ Masters ☐ Ph.D. ☐ Other______________________

What best describes your current employment status?

☐ Unemployed, not looking for employment ☐ Full-time employed ☐ Part-time employed

☐ Unemployed, looking for employment ☐ Self-employed ☐ Retired

What is your occupation? ____

Current Residence? ☐ Own my home ☐ Living with partner ☐ Living with parents

☐ Renting ☐ Retirement/Senior Housing

Please briefly state the primary reason for your appointment today: ____________________________________

What outcome would like to accomplish from this counselling/therapy: _________________________________

____

Have you previously received mental/emotional health care services (Psychiatric/Psychotherapy)? ☐YES ☐NO

(If yes) Name: ______________________________________ Contact Number: _________________________

Have you ever seen a counsellor before? ☐ YES ☐ NO

(If yes) Name: ______________________________________ Contact Number: _________________________

Previous mental history: Have you ever been treated for any of the following (check all that apply):

____ ADHD
____ Alcohol Problems (including AA)
____ Anorexia/Bulimia
____ Anxiety
____ Binge-eating
____ Bipolar (Manic / Depressive) Disorder
____ Depression
____ OCD
____ Panic Attacks
____ Personality Disorders
____ Phobias
____ Problems coping with stress
____ PTSD
____ Relationship difficulties
____ Schizophrenia
____ Substance Use
____ Suicidal or self-injurious behaviour
____ Other _________________________________

Have you ever attempted to kill or harm yourself? ☐ YES ☐ NO ☐ More than 3 times

Please list all current treatments, prescriptive and non prescriptive medications and the dosage: ___________

____

Provide details and dates if you have ever been hospitalised for psychiatric reasons? _____________________

Provide details and dates if you have been prescribed psychiatric medication? ___________________________

Family History: In the section below, identify if there is a family history of any of the following. If yes, please indicate on the line provided 1) the family member's relationship to you and 2) if it is on your mother's or father's side.

ADHD ____________________________________
Anxiety ___________________________________
Depression ________________________________
Eating Disorders ____________________________
Obsessive Complulsive Disorder__________________
Personality Disorders ________________________
Psychiatric Hospital Stay ______________________
Substance use _____________________________
Alcohol Problems ____________________________________
Bipolar/Manic Depression ______________________________
Domestic Violence ___________________________________
Obesity ____
Panic Attack ____
Post-traumatic Stress __________________________________
Schizophrenia ____
Suicide Attempts ______________________________________
Other (Please specify) ____

Medical History: Do you have, or have you ever had any of the following? Please check all that apply.

____ High Blood Pressure
____ Diabetes
____ Thyroid Disease
____ Asthma
____ Seizures
____ Liver Damage or Hepatitis
____ Cancer
____ Gynaecological / hysterectomy
____ Migraine or Cluster Headaches
____ Genital Problems
____ Eating Disorder
____ Chronic pain
____ HIV Positive or AIDS
____ High Cholesterol
____ Sleep apnea
____ Lung Disease
____ Heart Disease
____ Anemia
____ Skin Disease
____ Arthritis or Rheumatoid Problems
____ Other Endocrine/Hormone Problems
____ Cancer Neurological Problems (stroke, brain tumor, nerve damage)
____ Urinary Tract or Kidney Problems
____ Ear/Nose/Throat Problems
____ Viral Illness (herpes, Epstein-Barr, chronic hepatitis)
____ Eye Problems
____ Fibromyalgia
____ Head Injury
____ Gastrointestinal Problems (ulcers, pancreatitis, irritable bowel, colitis)
____ Other please specify ____

Any other chronic pain, short or long term conditions/illnesses? ______________________________________

Any recent pain, or previous: accidents, injuries, infections, skin conditions or surgery? __________________

Do you have a pacemaker, are pregnant, epileptic, diabetic or have allergies: ____________________________

Do you drink alcohol? □ YES □ NO When was your last alcoholic drink? ______________________________

How many alcoholic drinks/units do you have on average each week/month/year? ______________________

If you use tobacco how many on average do you have a week/month/year? ______________________________

Do you engage in recreational drug use? □ Daily □ Weekly □ Monthly □ Infrequently □ Never

Do you have any concerns for substance use or abuse currently? *Specify*: ______________________________

Do you Meditate? □ YES □ NO How often? ________________________________

Do you go for walks? □ YES □ NO How often? ________________________________

How many times per week do you engage in physical activity, sports or exercise? ____________________________

What types of exercise do you participate in: ____

On a scale of 1-10, how would you rate your current physical health? ______________________________________

Please list any specific physical health problems you are currently experiencing: ________________________

On a scale of 1-10, how would you rate your current sleep habits? ____

Please list any specific sleep problems you are currently experiencing: ________________________________

On a scale of 1-10, how would you rate your current eating habits? ____

Please list any specific eating or appetite problems you are currently experiencing: ______________________

Are you currently experiencing overwhelming sadness, grief, worrying about the past or depression? □ Yes □ No
If yes, which and for approximately how long? ____

Are you currently experiencing anxiety, panic attacks, worrying about the future or have any phobias? □ Yes □ No
If yes, state which and when did you begin experiencing this? ______________________________________

Do any of the following apply to you?

____ Problems with family or friends *Specify*: ____

____ Emotional problems *Specify*: ____

____ Occupational problems *Specify*: ____

____ Housing problems *Specify*: ____

____ Economic problems *Specify*: ____

____ Problems with access to health care services *Specify*: ____

____ Problems related to interaction with the legal system/crime Specify: _____________________________

____ Other psychosocial and environment problems *Specify*: ____

What significant life changes or stressful events have you experienced recently? ______________________

What area of your life/relationships would you like to improve and why? ______________________________

Is there anything else that this form has not covered, or a delicate matter that you would like your treatment provider to know about you or the reason for your treatment?

____

On a scale of 1-10 how would you rate the following areas of your life? – please use the following grading system as a guide:

1-2 (Poor) 3-4 (Unsatisfactory) 5-6 (Satisfactory) 7-8 (Good) 9-10 (Very good)

___________ 1) **Relationship**, with your partner, love, libido and romance

___________ 2) **Friendship** – relationships with friends

___________ 3) **Adventure** – Holidays, hotels, restaurants, trying new things, places, exploring, experiences and lifestyle

___________ 4) **Environment** - Home, garden, car, neighbours, material possessions, comfort, noise, local amenities and benefits of your location

___________ 5) **Physical Health** & Wellbeing, Fitness and Nutrition

___________ 6) **Mental Health** & Wellbeing – Being positive, Mindfulness, living and enjoying the present moment, being happy with your life

___________ 7) **Thinking about the past** – You don't think or worry about the past in a negative way, you don't feel depressed about your past

___________ 8) **Thinking about the future** – You don't think or worry about the future in a negative way, you don't get anxious about life

___________ 9) **Spiritual** – Religion, faith, intuition and meditation

___________ 10) **Intellect** – Learning, wisdom and knowledge

___________ 11) **Skills** – personal development

___________ 12) **Career** – goals, income, happiness at work, colleagues, work life balance, commuting

___________ 13) **Personal Goals** – Achievements not linked to your career, like passions, hobbies and interests

___________ 14) **Creative life** – design, art, creating, building, making, developing ideas, appreciating art and artists

___________ 15) **Family** – relationship with relatives, family and you can also include your pets

___________ 16) **Community** – helping others, donations, charity work & volunteering

___________ 17) **Nature** – relationship with nature, exploring nature, gardening, environmentally friendly, animal welfare, veganism, green charities

___________ 18) **Animals** – you have a great relationship and love for animals and their wellbeing, support animal charities and animal welfare

___________ 19) **Inner Child** – how playful you are, expression of your child self, to explore, be playful, joy, creativity, innocence & curiosity

___________ 20) **Self Love** – Do love yourself for who you are, look after your body, mind and heart, and happy with yourself and your growth

___________ 21) **Outer Self** – the external image, how you present yourself to the world, material possessions, hair, clothes, groups you belong too

___________ 22) **Inner Self** – the real hidden you that can't be seen by the world, feelings, intuition, values, beliefs, your true personality, thoughts, emotions, fantasies, desires, spirituality and life purpose

___________ **TOTAL SCORE OUT OF 220** ___________ **% - SCORE DIVIDED BY 22 x 10**

Counselling Contract

Counselling Sessions and Fees

Your counselling sessions will last normally for 50-60 minutes @ cost of £60 a session, and I offer weekly counselling if required excluding public holidays. Payment for your counselling sessions can be paid in advance or at the end of each session. Please note it is important that you attend your sessions and only cancel or reschedule them if it is very important or serious matter or it is due to a medical condition or issue.

Cancellations and Charges

Should you need to cancel an appointment please give me a minimum of 24 hours notice. If 24 hours notice is not given, the normal full charge will be made for the missed appointment. With cancellations made with 24 hours notice a cancellation fee of 50% will be charged to cover room hire, preparation, administration and other related costs.

Please note I will not be able to keep the counselling space open for you in the following circumstances:

If you do not attend 2 counselling sessions without contacting me; If you do not attend 3 out of the first 12 counselling sessions.

Confidentiality Policy

Your counselling sessions and the information provided on this form are protected and confidential within the service, and this confidentiality will apply to any records in accordance with the current ICO and Data Protection laws in the UK. In exceptional circumstances confidentiality may be broken. The circumstances could include:

1. Where you as a client give consent for the confidence to be broken.
2. Where I feel it is appropriate to consult with, or involve other professionals such as your GP in circumstances where there is a medical condition, risk of harm to you or to a third party. In such cases I will aim to discuss any action with you first and seek to gain your co-operation.
3. Where in extreme cases I am legally compelled by a court of law.
4. Where statutory law requires me to inform the relevant authorities (such as terrorist activities, drug trafficking or abuse of a child or vulnerable adult).

Complaints Procedure

I am a member of the IPHM (International Practitioners of Holistic Medicine) and adhere to an Ethical Framework for Good Practice, and a copy of this code is available on request. If you have any concerns or you wish to make a complaint, please contact 07803521389 in the first instance.

Jason Wakefield

Expires: February 2023

REGISTERED MEMBER

IPHMNM9485

International Practitioners of Holistic Medicine

WWW.IPHM.CO.UK

Declaration

I have read and agree to abide by the above conditions. And the information I have provided is accurate and true. As I understand this information will greatly help and facilitate the Counselling process. So me and my Counsellor can 1) jointly understand, explore and clarify the true situation and then 2) together discuss and agree on goals, decisions and actions, to offer the best appropriate support and guidance.

Signed...

Name.. Date................/.................../..................